USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of	America						COURT CASE NO 16-01384	UMBER	
DEFENDANT HOPE J. BELLINO & JOSEPH M. BELLINO							TYPE OF PROCESS HANDBILL		
SERVE S	NAME OF INDIVIDUAL, COMPLANY, DORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN HOPE J. BELLINO								
AT {	ADDRESS (Street or RED. Anartment No. City, State and 7IP code)								
SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW						Number of process to be served with this Form 285			
KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106						Number of parties served in this case		F 75	
						Check for service on U.S.A.		## (+ r	
SPECIAL INSTRUCTION All Telephone Numbers	ONS OR OT s and Estima	HER INFORM. ted Times Avail	ATION THAT lable for Servi	WILL ASSIST	IN EXPEDITING S	SERVICE (<u>Include B</u>	and their	rnate Addresses.	
Please post premi	ses by 6/	11/2017.					an this	on fi	
Signature of Attorney other Originator requesting service behalf of: Image: Plaintiff Telephone number Date								5/22/17	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NO I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Total Process District of Origin Serve No.					OT WRITE B		Date 5/23/17		
I hereby certify and reto on the individual, comp	ara that I	have personally tion, etc., at the	served , La ba address sbown	we legal evidence above on the on	of service, 🔀 have the individual , comp	e executed as shown i	n "Remarks", the p shown at the addr	process described ess inserted below.	
☐ I bereby certify an	d return that I	am unable to lo	cate the individ	inal, company, c	orporation, etc. name	d above (See remarks	below)		
Name and title of indivi	idual served (if not skown abo	ne)				rson of suitable ag residing in defend rode		
Address (complete only	different than	n zhawn above)				Date 6-7-	Time 17 12	om Com	
	o 535	-						068	
incl	al Mileage Chuding ondon	arges Forward	ing Fee T	otal Charges	Advance Deposits	Amount owed to (Amount of Refu	U.S. Marshal* or ad*) 5-9		
REMARKS: PS	55, 11 5630	@ F	Ron	Poo	R				

- PRINT 5 COPIES: 1. CLERK OF THE COURT
 - 2. USMS RECORD
 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED